

### **Saturation Formula**

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### MISSION AND VISION

#### **MISSION**

The mission of the Prevention and Health Promotion Administration is to protect, promote and improve the health and well-being of all Marylanders and their families through provision of public health leadership and through community-based public health efforts in partnership with local health departments, providers, community based organizations, and public and private sector agencies, giving special attention to at-risk and vulnerable populations.

#### **VISION**

The Prevention and Health Promotion Administration envisions a future in which all Marylanders and their families enjoy optimal health and wellbeing.

DEPARTMENT OF HEALTH

# **Vision and Strategic Goal**

### CHRS envisions a Maryland where:

- 1. Health care and social service systems meet the needs of people who use drugs in a comprehensive, community-based manner,
- 2. People who use drugs have equitable access to highquality care, and
- 3. Services provided to people who use drugs are free from stigma and discrimination.

Our strategic goal is to reduce substance-related morbidity and mortality by optimizing services for people who use drugs.

DEPARTMENT OF HEALTH

## Agenda

- Naloxone distribution in Maryland
- How to measure impact?
- Saturation Formula



# How to get naloxone

- 1. Obtain a prescription from your medical provider
- 2. Ask for naloxone at your local pharmacy, available by standing order
- 3. Visit one of 150+ Overdose Response Programs







# **Drugs**

#### http://informahealthcare.com/dep ISSN: 0968-7637 (print), 1465-3370 (electronic)

informa healthcare

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# Take-home naloxone to prevent fatalities from opiate-overdose: Protocol for Scotland's public health policy evaluation, and a new measure to assess impact

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#### Abstract

Aims: Scotland was the first country to adopt take-home naloxone (THN) as a funded public health policy. We summarise the background and rigorous set-up for before/after monitoring to assess the impact on high-risk opiate-fatalities. Methods: Evidence-synthesis of prospectively monitored small-scale THN schemes led to a performance indicator for distribution of THN-kits relative to opiate-related deaths. Next, we explain the primary outcome and statistical power for Scotland's before/after monitoring. Results: Fatality-rate at opiate overdoses witnessed by THN-trainees was 6% (9/153, 95% Cl: 2–11%). National THN-schemes should aim to issue 20 times as many THN-kits as there are opiate-related deaths per annum; and at least nine times as many. Primary outcome for evaluating Scotland's THN policy is reduction in the percentage of all opiate-related deaths with prison-release as a 4-week antecedent. Scotland's baseline period is 2006–10, giving a denominator of 1970 opiate-related deaths. A priori plausible effectiveness was 20–30% reduction, relative to baseline, in the proportion of opiate-related deaths that had prison-release as a 4-week antecedent. A secondary outcome was also defined. Conclusion: If Scotland's THN evaluation shifts the policy ground seismically, our new performance measure may prove useful on how many THN-kits nations should provide annually.

#### Keywords

Effectiveness, overdose deaths, performance measure, prevention, public policy, Scotland, take-home naloxone

#### History

Received 4 August 2014 Revised 23 October 2014 Accepted 23 October 2014 Published online 18 November 2014

### **Saturation Formula**

- 9-20 x opioid overdose deaths in a jurisdiction in the hands of people who are at risk of overdose
- Study population: people within 4 weeks of prison release or hospital discharge
- Original study found achieving saturation leads to a 20-30% reduction in overdose related deaths



# Saturation Impact in Maryland

- If saturation met for 1 quarter (3 month period):
  - OD deaths went down by an average of 3 deaths compared to previous quarter

 OD deaths went down by an average of 1 death compared to previous year's quarter

# Saturation Impact in Maryland

- Saturation not met for 1 quarter
  - OD deaths went up by an average of 2 deaths compared to previous quarter

 OD deaths went up by an average of <1 death compared to previous year's quarter

# **Target Distribution and Saturation**

- Targeted distribution approach to get naloxone into the hands of those most likely to witness an overdose
  - Family members of people who use drugs
  - Social experience with using drugs





### The Formula: 2019

Target Saturation = # of people died of opioid overdose in jurisdiction x 20

Anne Arundel County had 218 opioid overdose deaths in 2018

To achieve saturation in this jurisdiction Anne Arundel County must distribute 218 x 20 =

4,360 naloxone kits in 2019

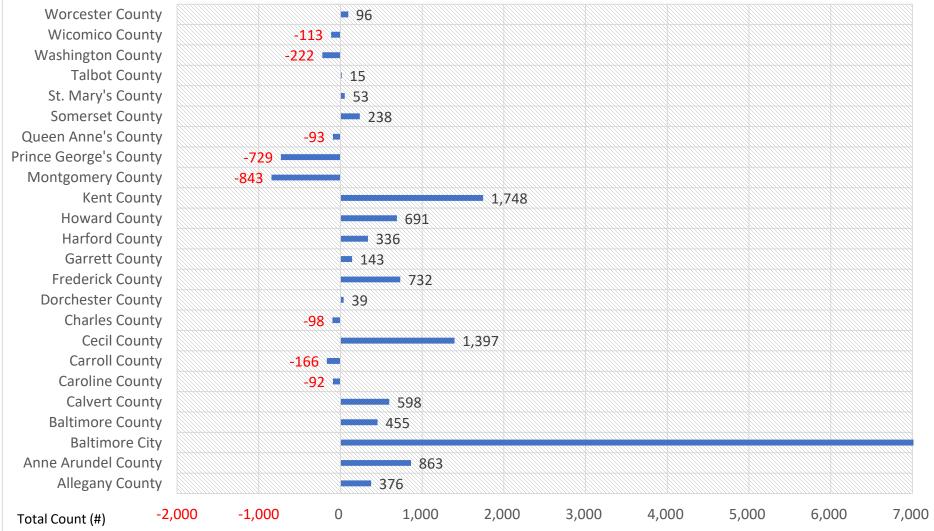
Then we can take the # kits distributed to target population group (Social, Family) & Prescription units purchased — Saturation Target to see if Saturation is achieved

4,523 kits distributed to target population – 4,360 =

163 Saturation has been achieved.



### Saturation Formula Kit Distribution Above/Below Target Goal 2019





# Saturation Formula Kit Distribution Above/Below Target Goal Q2 2020



Jurisdiction		# People Trained by ORPs (by ORP location)		Q2	lendar year 2020 through  Est. # Kits Distributed to At- Risk People		Kit Distribution Target ( year 2020 the Opioid OD Deaths (Incident Location)			•••	% Sarget - (E - G)
Kits Distributed to At-Risk Individuals Calculation, Calendar year 2020 through  Q2  Kit Distribution Target Calculation, Calendar year 2020 through Q2										Diff.: Target - Actual (E - G)	
# People Trained by ORPs (by ORP location)	Distribu	t.#Kits ited to Target pulation	Medicaid Rx Claim (Pharmacy Location			Opioid OD Deaths (Incident Location)		Kit Distribution Target (20x # deaths)		#	%
150		63	0	63			20		400	-337	-84%
HOWALU COUNTY		TOUT	323		1 3	2.5	20		220	-1/1	-5070
Kent County		207	71	0	0 71		2		40	31	79%
Montgomery County		170	0	0	0		51		1,020	-1,020	-100%
Prince George's County		488	311	0	311		87		1,740	-1,429	-82%
Queen Anne's County		74	4	0	0		6		120	-116	-97%
Somerset County		13	3	0	3		7		140	-137	-98%
St. Mary's County		1,023	113	0	113		12		240	-127	-53%
Talbot County		22	14	0	14		7		140	-126	-90%
Washington County		774	263	0	263		57		1,140	-877	-77%
Wicomico County		189	87	0	87		15		300	-213	-71%
Worcester County		112	32	0	32		14		280	-249	-89%
Total		18,739	13,836	0	13	,836	1,187		23,740	-9,904	-42%

### **Our Goal**

Each jurisdiction will achieve naloxone saturation among people at high risk of overdose by the end of SFY21, with the overall impact of reduced opioid overdose mortality from SFY20 to SFY21 statewide.



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### Questions

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